

VENTILATE A PATIENT WITH A BAG-VALVE-MASK (BVM)

For use of this form see TC 8-800; the proponent agency is TRADOC.

TABLES: II**REFERENCES:** STP 8-68W15-SM-TG, Task: Ventilate a Patient with a Bag-Valve-Mask System**PRIVACY ACT STATEMENT****AUTHORITY:** 10 U.S.C. § 3013 Secretary of the Army; AR 350-1, Army Training Leadership and Development.**PRINCIPAL PURPOSE:** To ensure that accomplishment of training is properly credited to the correct individual for NREMT certification IAW AR 40-68, AR 220-1 and AR 350-1.**ROUTINE USES:** Used by Unit personnel to monitor training. The DOD "Blanket Routine uses" set forth at the beginning of the Army's compilation of system of records notices may apply to this system.**DISCLOSURE:** Voluntary. Failure to provide your name may result in a loss of credit for accomplishing the training or error in processing applicable favorable personnel actions. For Official Use Only.**1. Soldier (Last Name, First Name, MI)****2. Date (YYYYMMDD)****SCENARIO:**

While responding to an emergency call, you encounter a patient that is not breathing. You must ventilate the patient using a BVM device.

GRADING SHEET

| 3. Performance Measures | TASK | | COMPLETED | | | | | |
|--|-------------|----------|------------------|----------|------------|----------|------------|----------|
| | | | 1ST | | 2ND | | 3RD | |
| | P | F | P | F | P | F | P | F |
| a. Took body substance isolation precautions. | | | | | | | | |
| b. Positioned self at the top of the patient's head. | | | | | | | | |
| c. Opened the patient's airway using a head-tilt, chin-lift or jaw-thrust maneuver. | | | | | | | | |
| d. Inserted an appropriate airway adjunct (<i>oropharyngeal or nasopharyngeal</i>). | | | | | | | | |
| e. Assembled the BVM system, selected the correct mask size, and applied mask to the patient's face with one hand. | | | | | | | | |
| f. Performed "E.C." technique for holding mask in place over the patient's mouth. | | | | | | | | |
| g. Ventilated the patient using the one hand method. | | | | | | | | |
| h. Documented the procedure on the appropriate medical form. | | | | | | | | |

4. Demonstrated ProficiencyYes No **5. Start Time****6. Stop Time****7. Initial Evaluator****8. Start Time****9. Stop Time****10. Retest Evaluator****11. Start Time****12. Stop Time****13. Final Evaluator****14. Evaluator's Comments**

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